Topic: Bulimia nervosa

1. Definition

1. Identify/define topic:

Bulimia is an [eating disorder](http://en.wikipedia.org/wiki/Eating_disorder) characterized by binge eating and purging or consuming a large amount of food in a short amount of time, followed by self-induced vomiting or by [laxative](http://en.wikipedia.org/wiki/Laxative) or excessive exercise

1. History/Origin of item:

* Even in ancient Rome people used to vomit up food they ate in the period of feasting. They even had special places for it called " vomitorium ".
* First described in 1979 by Gerald F.M. Russell  
  "In 30 patients whose illness bears a close resemblance to Anorexia Nervosa,...episodes of overeating constituted the most constant feature of the disorder.... Overeating was often overshadowed by more dramatic clinical phenomena--intractable self-induced vomiting or purgation.... The constancy and significance of overeating invite a new terminology for description of this symptom--Bulimia Nervosa."    (Gerald F.M. Russell, 1979)

2. Signs/Symptoms

1. Specific examples:

* Sores in the throat and mouth
* Dehydration
* Irregular heartbeat
* Sores, scars or calluses on the knuckles or hands
* Depression
* Anxiety
* Having a distorted, excessively negative body image
* Going to the bathroom after eating or during meals

1. How long they should last before concern: As soon as possible. Bulimia usually doesn't get better on its own. It may even get worse if left untreated and take over your life.
2. Genetic, hereditary or environmental factors: Peer pressure and what people see in the media. More likely to occur in people who have parents or siblings who've had an eating disorder.

3.

1. The treatment for Bulimia can start off with just support groups but if the patient is not responding to it Cognitive-behavioral therapy (CBT) can be required. (CBT is a psychotherapeutic approach, a talking therapy.) If all else fails a drug called *serotonin-reuptake inhibitors* (Antidepressants) is used along with CBT.
2. Give the patient a regular amount of servings a day and prevent them from feeling negative about themselves.
3. Make sure that patients with Bulimia don’t overwork themselves when exercising. Make sure they are not excessively running.
4. Currently the only medicine/drug for Bulimia is an Antidepressant called serotonin-reuptake inhibitor.
5. Family support can treat Bulimia by making the patient not feel neglected and negative about themselves which can prevent the patients starving themselves even if they are not overweight.
6. N/A
7. Bulimia is a long-term illness and can quickly resurface even with the medications. The process is long and painful. Keep the patient’s diet and body healthy for a period would prevent Bulimia.
8. Bulimia makes the individual negative about him/her self and can cause excessive puking. The family would have to care for him and make him/her feel at home.
9. The family may have impacted the patient with their actions but they are less impacted by Bulimia.

4. What I learned/3 WOW’s

1. New information learned: Bulimia is an illness in which a person binges on food or has regular episodes of overeating and feels a loss of control. The affected person then uses various methods, such as vomiting or laxative abuse to prevent weight gain.
2. New information learned: I learned that, if you a dry mouth all the time that could be a sign of bulimia. Women usually get this disorder.
3. New information learned: When binging, a person will not even chew the food, just gulp it down without even tasting it. These people will not stop their binges until they are interrupted by another person, fall asleep, or their stomach hurts from over-extension.

5. Resources

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001381/>

<http://fun.yukozimo.com/facts-about-bulimia/>

<http://www.selfgrowth.com/articles/History_Of_Bulimia_And_How_It_Evolved_Into_a_New_Problem.html>

<http://www.medindia.net/patients/patientinfo/bulimianervosa-history.htm>

<http://www.mayoclinic.com/health/bulimia/DS00607/DSECTION=symptoms>

Works Cited

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